MULTIPLE DEPENDE   CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/743873**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			⊘				
2		/					52			⊘				
3		/					53			⊘				
4		/					54			⊘				
5		4					55			⊘				
6		4					56			⊘				
7		4					57			⊘				
8		4					58			⊘				
9		⊘					59	/						
10		⊘					60		/					
11		⊘					61			⊘				
12		⊘					62			⊘2				
13		⊘					63							
14		⊘					64							
15		⊘					65							
16	/						66							
17		/					67							
18		/					68							
19		/					69							
20		4					70							
21		4					71							
22		⊘					72							
23		⊘					73							
24		⊘					74							
25		⊘					75							
26		⊘					76							
27		⊘					77							
28		⊘					78							
29		⊘					79							
30		⊘					80							
31		⊘					81							
32		⊘					82							
33		⊘					83							
34	/						84							
35		/					85							
36		/					86							
37		/					87							
38		2					88							
39		2					89							
40		2					90							
41		⊘					91							
42	/						92							
43		/					93							
44		/					94							
45		2					95							
46		⊘					96							
47		⊘					97							
48		⊘					98							
49		⊘					99							
50		⊘					100							
TOTAL IND.	↵		↵		↵		TOTAL IND.			↵		↵		↵
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL							